WALKING ON EGGSHELLS: PARENTS DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER IMPACT ON THEIR CHILDREN'S DEVELOPMENT

A Senior Honors Thesis

Presented to

The Faculty of the Department

Of Psychology

University of Houston

In Partial Fulfillment

Of the Requirement for the Degree of

Bachelor of Science

By

Taylor Camille O'Hara

May 2020

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ABSTRACT

Children with parents that suffer from a personality disorder often suffer long-lasting effects and are at a higher risk for developing a personality disorder and those whose parents have other mental illnesses or do not suffer from a mental illness altogether. These children are often neglected and their needs are not being met by the parent that has been diagnosed. Borderline Personality Disorder is a disorder that is characterized by the inability to manage one's emotions effectively. Relationships are often directly affected and experience a troubling and difficult road to understanding and recovery. Children are among those that are the most affected as they do what is necessary to retain the relationship with that parent. Common effects include the increase of behavioral disorders, a higher risk for developing BPD or other psychiatric disorders, low self-esteem, suicidal ideations and emotional disturbances. By having a parent that suffers from Borderline Personality Disorder, the child is negatively affected emotionally, mentally, and intellectually.

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TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Personality Disorders are classified as ways of thinking, feeling, and behaving that are different from cultural norms and expectations, that can cause distress and are long term patterns of behavior (Robitz, 2018). There are ten specific personality disorders that are divided into three clusters: Cluster A, Cluster B, and Cluster C (APA, 2013). Each cluster has a description that coincides with them as described by the American Psychiatric Association. Cluster A is often described as the odd and eccentric cluster and includes the Antisocial Personality Disorder, Paranoid Personality Disorder, Schizoid Personality Disorder, and Schizotypal Personality Disorder. Cluster B is then described as the dramatic, emotional, and erratic cluster and includes the Borderline Personality Disorder, Histrionic Personality Disorder, and Narcissistic Personality Disorder. The last cluster is Cluster C and is described as the anxious and fearful cluster which includes the Avoidant Personality Disorder, Dependent Personality Disorder, and Obsessive-Compulsive Personality Disorder. It is important to note the different types of personality disorders as they each have their own effects on those that are diagnosed with the disorder and subsequently, the people who interact with them the most often. Many people can also fit into multiple categories as there are many descriptive similarities. Research has stated that there is a tendency for personality disorders within the same cluster to co-occur (Skodol, 2005).

One report of Borderline Personality Disorder said that it affects about 2% of the general population and seventy-five percent of those diagnosed are women in their child bearing age (Lamont, 2006). According to the American Psychiatric Association claims that there is an estimated "9 percent of U.S. adults have at least one personality disorder" (Robitz, 2018). While there may only be an estimated 9 percent that are diagnosed with a personality disorder, many other adults live with a personality disorder that never gets diagnosed. Personality disorders affect more than just those that suffer from the disorder. There is evidence that supports the hypothesis that parents with a personality disorder negatively affect their child's development.

Children with parents that suffer from a personality disorder often suffer long-lasting effects and are at a higher risk for developing a personality disorder and those whose parents have more severe "psychological problems, the earlier the children's behavioral disorders emerge" (Karimzadeh, Rostami, Teymouri, Moassen, Tahmasebi, 2017). Thus, fulfilling the idea of the abuse cycle. Dentale, Verrastro, Petruccelli, Diotaiuti, Petruccelli, Cappelli, and San Martini studied the relationship between Parental Narcissism and the child's mental vulnerability in 2015 and found that having a narcissistic parent is related to the child's risk of depression and anxiety. The Medical Journal of Australia states that "risk exposure among children varies depending on a range of individual, parent, family and community factors…one possible mechanism of this broad-spectrum effect is that the general vulnerability to the development of a mental disorder in offspring is mediated by both genetic and environmental factors" (Reupert, Maybery, Kowalenko, 2013).

Personality disorders affect those diagnosed in many different ways, but how personality disorders, specifically Cluster B, affect the children of those diagnosed is particularly interesting. According to the American Psychiatric Association, in order to be diagnosed as Borderline Personality Disorder, one must demonstrate "a pattern of instability in personal relationships, intense emotions, poor self-image, and impulsivity" (Robitz, 2018). Many of those diagnosed with Borderline Personality Disorder have felt abandoned in the past, have feelings of emptiness, and often feel unwanted. With Histrionic personality disorder, one must demonstrate "a pattern of excessive emotion and attention seeking…they may be uncomfortable when they are not the center of attention, may use physical appearance to draw attention to themselves or have exaggerated emotions" (Robitz, 2018). Lastly, those with Narcissistic personality disorder demonstrate "a need for admiration and lack of empathy for others…. may have a grandiose sense of self-importance, a sense of entitlement, take advantage of others, and many lack empathy" (Robitz, 2018). These personality disorders can go undiagnosed for years and then could be irreversible without the proper help from a licensed psychiatrist. Treatment would depend on the disorder, the severity of the disorder, and each individual's circumstances.

With that, this review of literature aims to highlight a significant gap in the literature that delves into the intricacies of Parents' BPD and its impact on the development and learning processes of their child/children. According to research, children suffer immeasurable amounts and are never taught how to deal with a parent that suffers from a personality disorder. These children grow up with a greater risk of depression and anxiety and may even run the risk of

developing a similar personality disorder. Children whose parents meet the criteria for BPD are at five times greater risk than other children in the general population to acquire this personality disorder (APA, 2000). This creates a larger cycle of abuse and mental health problems that may not ever be addressed. One of the studies stated that "children of narcissistic parents tend to please the parents' needs in order to avoid relational conflicts and preserve the attachment relationship", which is in turn putting the needs of the parents above the needs of the children (Dentale, et al. 2015). There is a role reversal and causes children to grow up faster than they are typically expected to, resulting in stunted childhood development. This then affects their personal relationships throughout their childhood through adulthood. Since roles were never clearly defined, these children grow up constantly searching for the affections and traits that their parents were not able to give and supply them.

While time does not permit me to conduct my own research studying participants, children and parents, in a longitudinal study, I think that continuing to research this topic would not only be beneficial to psychiatrists but also to childhood development specialists. In this thesis, I have conducted a selective review of literature that showcases various studies on how mental health and personality disorders, more specifically, Borderline Personality Disorder, affect a child's growth and development during the major development stages. I present findings from the research regarding children's risk for depression and anxiety as well as how having a parent with a personality disorder affects them and their lives. I have also explained what happens on the maternal side because the research is mainly reflective of the mother, how they

may affect the child differently, and future studies and programs that may be able to help educate those that have suffered in the past. This is a great opportunity for psychiatrists to examine as this is a relatively uncharted territory. I believe that by conducting more research, one would be able to find that there are certain resilient traits that most children of parents with personality disorders possess. These traits are then able to demonstrate how children react and interact with their parents. By taking a deeper look and conducting more studies, there is a chance that this would change people's lives, how they live, and how they interact with others. In this thesis, I have also included an explanation of the Cluster B Personality Disorders, a full literary review on the key research presented, discuss my method of choosing the research for my selective narrative analysis and then a suggestion on how I would conduct further research into this topic and why it would be extremely beneficial for psychiatrists and family counselors. I hypothesize that having parents with Borderline Personality Disorder quickens a child's development, thus stunting their growth, and hinders the child in any and all relationships in the future as their roles were never clearly defined during childhood.

CHAPTER II

LITERARY REVIEW

Borderline Personality Disorder is categorized as a serious and pervasive mental health condition characterised by dysregulation of emotions, behaviour, interpersonal relationships, cognition, and an unstable sense of self (American Psychiatric Association, 2013). For one to be diagnosed with Borderline Personality Disorder, one must meet five out of the following nine criteria:

1. Frantic efforts to avoid real or imagined abandonment. [Not including suicidal or self mutilating behavior covered in criterion 5]
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially damaging (e.g., promiscuous sex, eating disorders, binge eating, substance abuse, reckless driving). [Again, not including suicidal or self-mutilating behavior covered in criterion 5]
5. Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior. Such as cutting, interfering with the healing scars (excoriation) or picking at oneself.
6. Affective instability due to marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness and worthlessness.
8. Inappropriate anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress related paranoid ideation, delusions or severe dissociative symptoms.

Those diagnosed with Borderline Personality Disorder are far more likely to experience behavioral and emotional problems compared to those that are diagnosed with other personality disorders. Many suffer from having an emotional trauma in their early childhood that was never dealt with or correctly worked through to find a solution to healing. Out of those that are

diagnosed with Borderline Personality Disorder, 75% are women and "there are estimated to be over 6 million women in the United States diagnosed with BPD" (Stepp, Whalen, Pikonis, Hipwell, Levine; 2011). Those diagnosed with Borderline Personality Disorder feel disconnected from their own children. Mothers that suffer from BPD are less sensitive when interacting with their infants and subsequently their infants are less attentive, less interested and less eager to interact with their mothers (Newman, Stevenson, Bergman, Boyce, 2007). In Louise K. Newman's (2007) study on mother-infant interaction and parenting perceptions, the researchers gained helpful insight into the interactional patterns between mothers and their infants. In parents, those with BPD " experience difficulties in fulfilling their parenting role and in the promotion of secure attachment with their children" (Newman, Stevenson, Bergman, Boyce, 2007). Secure attachment is when the child shows distress when their caregiver, in this case the mother, leaves them alone. This creates separation anxiety and can perpetuate further attachment issues as they grow older. Since parents with Borderline Personality Disorder do have a harder time in showing affection and interpersonal functioning, they are then leaving their child with unstable relationships, a pattern that may continue through the child's teen and adult life. Newman (2007) states this idea saying that "mothers with BPD are at risk of repeating disturbing and potentially traumatizing interactional patterns with their infant" (Newman, Stevenson, Bergman, Boyce, 2007). While this is not all mothers with BPD, the ones selected for the study have all shown these similar features and cycles. The mothers may have come from homes where a parent was absent or negative and thus is repeating the cycle as this is the parenting style that

she knows. Newman (2007) also states that "without a positive and emotionally valued sense of self as a parent, affective competence, the parent's capacity to engage empathically with the infant, and their ability to establish patterns of emotionally responsive interaction, can be compromised" (Newman, Stevenson, Bergman, Boyce, 2007). Therefore those that are already feeling stressed in their current situation as a parent, have already begun to show a reduced capacity to perform as a parent. This all stems from their Emotional Availability, which integrates attachment theory with a mother's emotional responsiveness to the needs of their child.

The self-perception of a mother with BPD is quite negative. They feel "less satisfied and less competent as parents, experience more difficulties in coping with their parenting role, feel less satisfied during and disappointed with their interaction with their infant, and experience significant stress" (Newman, Stevenson, Bergman, Boyce, 2007). When mothers begin to feel this way, there is a larger potential for child abuse, whether it be in neglect, rejection, or even physical abuse triggered by their own frustration. In discussing the results of Newman's study, she found that the children of mothers with Borderline Personality Disorder were less responsive to their mother's efforts at interaction and were even less willing to engage with their mother. This could then create a cycle of abuse as the mother wants attention and interaction from their child at certain points but then the child would be pulling away because of their attachment issues. Newman (2007) concluded that parenting is a challenging and stressful role for parents

with BPD and that the children show early signs of being socially and emotionally disadvantaged.

Dentale, Verrastro, Petruccelli, Diotaiuti, Petruccelli, Cappelli, and San Martini created a study in 2015 examining the *Relationship between Parental Narcissism and Children's Mental Vulnerability*. The pathological traits in parents may be passed down to the children and thus their interactions suffer and these traits and the parents being less affectionate induce depression and anxiety as well as mental vulnerability in their children. There have been multiple studies that cite that there is a positive correlation between parental Personality Disorders traits and the impaired rearing behaviors even when the effects were controlled. These traits exert a negative effect on parenting and thus create similar psychiatric conditions in their children. In Dentale's (2015) research, parents with personality disorders, specifically narcissism, "present a tendency to deny the needs of their children and to use them as "props" for their own self-esteem, thus assigning the children a complementary role" (Dentale, et al. 2015). The parents are using the children to make them seem like the typical stereotype of a parent. As the children get older and the parent's projections become more severe, the parents are not able to empathize with the children's needs. This results in "distressing familiar conditions that prepare the ground for the development of different forms of psychopathology" in the children (Dentale, et al. 2015) . Children want to preserve the relationship that they have with their parents, even if the relationship is controlling and self-absorbed in order to please them and create a sense of peace between the parent and child. The dynamic of this type of relationship between parent and child

often results in the child becoming anxious or depressed since they could be considered selfish if they assert themselves too much. Dentale backs this claim up by saying that "children of narcissistic parents tend to please the parents' needs in order to avoid relational conflicts and preserve the attachment relationship" (Dentale, et al. 2015). Parental narcissism undermines the child's relationships in the future, as they begin to put their needs after anyone in an attachment relationship. Dentale (2015), cite another study, the *Parental Bonding Instrument* (PBI; Parker, Tupling & Brown, 1979) where it explains the idea of affectionless control.

Affectionless control can be defined as low care and overprotection typically seen in parents and is a psychopathological risk for offspring. They since have broadened the idea of affectionless control to include the "tendency to debase and humiliate the child and the tendency to favor brothers or sisters to the detriment of the subject" (Dentale, et al. 2015). Children that have parents with this parental style are subject to being overly competitive between siblings, to ignore their own needs, to become a mediator, and to have an increase in depression and anxiety. This style of parenting is not limited to one parent over another, both maternal and paternal narcissism create this tendency. However, in their testing, paternal narcissism was more significant in regards to the child's depression and anxiety than maternal narcissism.

Parenting Challenges

Maureen Zalewski, Stephanie D. Stepp, Diana J. Whalen, and Lori N. Scott created a study named *A Qualitative Assessment of the Parenting Challenges and Treatment Needs of Mothers with Borderline Personality Disorder* in 2015. This study created an intervention to

target parenting among mothers with BPD and aimed to reveal gaps in treatment for mothers. The results provided useful ideas in order to target parenting and integrate modifications for other approaches for treating mothers with BPD. It has been noted that mothers with borderline personality disorder create negative child development outcomes, but what is an understudied area are the models of parenting interventions. While there have been clinical recommendations that are effective for treating borderline personality disorder and effective parenting treatments, these are not integrated into one intervention that is proven to be effective. This creates a serious problem where "the mental health needs of women with BPD may not be addressed in standard parenting interventions and standard mental health treatment for BPD typically does not address parenting problems" (Zalewski et al, 2015). Once these are integrated into effective interventions and parenting techniques, the negative childhood development outcomes decrease substantially. Many parent management training only focuses on child behavior treatments and does not adequately address the parental psychopathology, whereas Zalewski proposes creating an intervention based on what the mothers want to see. She offers the idea that there is "potential to target parenting within an established adult psychiatric treatment...within established parenting interventions" (Zalewski, et al, 2015). This would not stop clinicians or providers from targeting parenting in overall standard care, it would help target women with BPD. The prevention technique that she offers is Dialectical Behavior Therapy, which was originally created for women with BPD. It "synthesizes the principles of Zen practice with behavioral principles of change, and also draws from various therapeutic perspectives" (Zalewski, et al, 2015). DBT

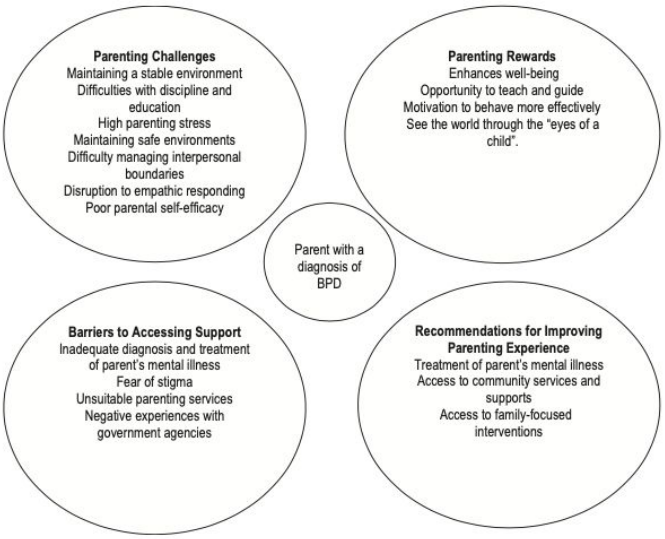
creates skills that are shown to be useful and are often modified to address the needs of the population. The biggest strength of this study is that it takes into consideration the needs of the mothers with BPD and their treatment preferences. Women wanted to address the parent-child relationship in their current psychiatric treatments and future treatment developments should attempt to incorporate their preferences and further merge effective BPD treatments. By integrating parneting into current treatments, it may help mitigate areas of stress or burdens for maternal BPD and potentially reduce the likelihood that their children develop psychiatric symptoms.

Parental Experience

Dianna R. Bartsch, Rachel Roberts, Matthew Davies, and Michael Proeve wrote the study of *Understanding the Experience of Parents with a Diagnosis of Borderline Personality Disorder* in 2016 to better understand the distress that the parents feel as well as the psychosocial issues among their children. While there is an increasing amount of literature focusing on the difficulties between the parent-child relationship and the outcomes on the children, this study delves deeper into the experiences of parents with severe mental illnesses. Bartsch cited that "children and adolescents of parents with a diagnosis of BPD have been found to be at greater risk of emotional and behavioral problems and are more likely to experience psychosocial difficulties, compared with offspring of parents with diagnoses of depression or other personality disorders" (Dianna R. Bartsch, et al., 2016). As previously stated, parenting behaviors are extremely important in looking at emotional and behavioral dysregulation in children, but it is

also beneficial to look at self-reports of parenting attitudes from parents with BPD. When mothers with Borderline Personality Disorder were asked to complete measures of both parental self-efficacy and stress, they found that the mothers had "significantly greater levels of parenting distress, greater difficulties coping with their parenting role, and poorer parenting satisfaction" (DR Bartsch, et al., 2016). These mothers may be trying to be a good parent, but because of their mental illness are not able to perform how they would like to or to the societal norms for mothers. While there still needs to be more research on the effects of parents with Borderline Personality Disorder and Narcissistic Personality Disorder, it is also extremely important to look at the other side and find solutions to help parents suffering from these disorders. Parents with these disorders have stress levels that are clinically significant and need to be treated. These families where a parent is diagnosed with BPD have been identified as being at a greater risk of a disturbance, including physical abuse, than other families with different mental illness diagnoses. In the results of Bartsch (2016), they produced four key themes that have 17 sub-themes as to what a parent with the diagnosis of BPD goes through as a parent.

Table 1. Parent with Borderline Personality Disorder Diagnosis Themes



The parents that participated in this study were fundamental in discovering what challenges, rewards, barriers that they have experienced and recommendations for future parents with Borderline Personality Disorder. Within the challenges, they experienced a lot of difficulty in being physically unavailable for their children because of their illness. Those suffering from BPD may tend to indulge in their impulsive and destructive behaviors, psychosis, social withdrawal and more, therefore unable to be there for their child without potentially harming the child. They also have a tendency of being unable to maintain a safe environment for their children. Several of the parents stated that their children live with the other parent or a grandparent due to some "some aggressive behavior towards their children...and fears of harming their child" (Bartsch, et al., 2016). The other significant challenge that these parents deal with was their parental empathy. Many were having difficulty in "attaching to their child, an inability to engage in child-centered play, parents prioritising their own needs over the childs, and difficulty attending to the changing needs of the child" (Bartsch, et al., 2016). These themes were

referenced in Newman's (2007) study, as the attachment theory and the parent's own needs becoming more important than the child's was extremely detrimental to the child and their relationships in the future. However, in Bartsch's (2016) study, they did discover several rewards that parents felt in their relationship with their child and as a parent. They had enhanced positive emotions and provided the parent's with a sense of self-purpose and achievement for their lives. The unconditional love that young children give is a blessing to the parents as they can truly feel positive emotions and want to teach and guide their children.

In reporting the barriers to accessing support for their mental illness many of the parents stated that they had not been diagnosed before they had children and they also had no means of treatment for their illness. With these barriers, the parents had recommendations for improving upon the parenting experience, mainly access for treatment of their mental illness. Families should have access to treatment, whether it be medicine or classes in how to manage their illness along with managing being a parent. Many parents said that parenting is both a rewarding and challenging experience, which is seen in Figure 1, by the amount of challenges and barriers that these parents have to overcome in order to be an acceptable parent to their children. Within learning how to become more of an acceptable parent, it is valuable to look at how parents are able to relate to their children, especially during infantry.

Parent-Child Interaction

In a 2009 study done by R. Peter Hobson, Matthew P.H. Patrick, Jessica A. Hobson, Lisa Crandell, Elisa Bronfman and Karlen Lyons-Ruth titled, *How mothers with borderline personality disorder relate to their year-old infants.* This study predicted that women with borderline personality disorder show a higher disruption in their communication with their

infants as well as heightened disruptive and frightened behavior. Those diagnosed with Borderline Personality Disorder have patterns of emotional relationship difficulties that then establish "disturbing ways of relating to other people at the level of moment-to-moment interactions" (Hobson, et al., 2009). Individuals then display more indications, whether subtle or clear, of hostility or even intense exchanges between them and another individual. If those diagnosed with BPD interact with others in this way, they may be interacting with their infants in the same ways. Mothers with BPD are especially prone to this behavior with many of them having attachment related issues that then take hold in their children. These attachment issues can come from a myriad of problems, but the most threatening being unresolved trauma from their own childhood. Having unresolved trauma can lead to one having a high prevalence of hostile thoughts or even a helpless state of mind, which then creates conflict within the mother's mind. These mothers have more dazed looks and look away from their child more than mothers that do not have borderline personality disorder. Hobson believed that children with mothers that suffer from BPD would show "lower levels of availability for positive engagement, lower ratings of behavior organisation and mood state and a lower proportion of interpersonally directed looks that were positive" (Hobson, et al., 2009). These children are suffering from what is termed 'disorganized attachment'.

Disorganized attachment can be characterized as a fearful, odd, and contradictory form of behavior when the child is reunited with its parent which creates emotional and behavioral difficulties among the child's peers when they are older, often turning hostile towards peers. This attachment issue stems from the mother's disregarding the child's needs, a lack of responsiveness to their child and role reversal with their infant. The role confusion plays a key

part in a child's development. The child would be responding to the mother's needs instead of the mother responding to the child's needs. Hobson described an example of role confusion where "the mother calls the infant's attention to herself in ways that override or ignore the infant's cues, such as asking the infant for a kiss when the infant is distressed" (Hobson, et al., 2009). Hobson (2009) made an excellent point in saying that borderline personality disorder often stems from their own childhood and issues that were not dealt with growing up. These individuals are often confused, fearful and overwhelmed when recalling their childhood relationships and that this bleeds through into their relationship with their child. This creates lapses in their own judgements when they recall or discuss any past losses or traumatic events. Individuals that have been diagnosed with BPD typically grew up with parents that devalued them and had hostile attitudes towards them as children. Since they observed these relationships in their own childhood, they are more likely to repeat the same tendencies with their own relationships, including their children. This then stunt their child's social and emotional development which has been studied through multiple different studies regarding mind-mindedness and the mentalization when parents with borderline personality disorder interact with their children.

Mentalization in Parents with BPD

Andree-Anne Marcoux, Annie Bernier, Jean R. Seguin, Jennifer Bioke Armerding and Karlen Lyons-Ruth in 2016 studied how mothers with borderline personality disorder mentalize when they are interacting with their infants. Since mothers with BPD are theorized to have less mentalization ability, the ability to perceive and interpret mental state, it could cause irreparable damage to the child's social and emotional development as well increase the risk for troubled

relationships with their infants. Mothers with BPD are more likely to engage in problematic interactions with their children thus predicting that the child has a sense of disrupted communication, attachment disorganization, and poor developmental outcomes in their childhood and adolescence. Since the mothers are not able to mentalize to the full capacity, the child's development "may depend on the extent to which a child's mental states were adequately reflected back to him or her by a trusted other, again suggesting a close interplay between BPD, parent-infant interaction and mentalization (Marcoux, et al., 2016). This means that the relationship between a mother's mentalization and BPD is extremely salient, but has not been examined in depth. Mentalization is tested by using a mind-mindedness assessment which evaluates the mentalization during interaction with their infant. Mind-mindedness is assessed by "noting the frequency of a parent's verbal references to his or her infant's mental states during free play interaction, and each of those mind-related comments is further classified as either appropriate or non-attuned by a trained observer" (Marcoux, et al., 2016). These comments are coded and then evaluated to determine whether they were positive, negative or neutral. The comments were broken up into five separate categories: desires and preferences, cognitions, emotions, epistemic states, and talking on the child's behalf. Comments from the mothers with BPD that were non-attuned were indications that the mother was accurately interpreting the child's mental states. The mothers with borderline personality disorder made significantly more comments that were non-attuned to their child's needs. These comments were made 3.6 times more than mothers without borderline personality disorder. Therefore, the mothers are more susceptible to misinterpret cues from their children, especially regarding their child's mental state. These results are extremely important for future work as the study found that the mothers

with BPD were more likely to attribute mental states to their children during infancy. Those with BPD are known to be "particularly sensitive to rejection and to have profound fears of abandonment...thus the intimate engagement with one's own infant may be a potent context for activating fears related to rejection and abuse and precipitating emotional dysregulation" (Marcoux, et al., 2016). It is important to recognize the possible triggers in order to understand how they mentalize their child's needs. However, it is also important to look at how the child's mind is coping and their understanding of their mother.

Parenting Behaviors

Stephanie D. Stepp, Diana J. Whalen, Paul A. Pilkonis, Alison E. Hipwell, and Michele D. Levine wrote the research on *Children of Mothers with Borderline Personality Disorder: Identifying Parenting Behaviors as Potential Targets for Intervention* in 2011 to better understand the psychosocial outcomes of children of mothers with BPD. Stepp describes the prevalence of transgenerational transmission of Borderline Personality Disorder in her research by stating that "offspring of parents with BPD may inherit genes predisposing them to a difficult temperament, emotional reactivity, and/or impulsivity" (Stepp, et al.; 2011) . The notion that BPD can be passed on through generation has been explored in past research but not to the extent that Stepp writes about in her research. She continues to note that there is a much higher heritability percentage for BPD from 42% to 69%. When these parents that are diagnosed with BPD act out, they act out in hostile ways which demonstrates to their children that they can act out with hostility as well. Individuals with BPD have dysfunctional interactions including acts of hostility and intense, devaluing exchanges with those around them, the effect on the child's social-emotional development is substantial. Specifically with mothers, those that have

unresolved trauma from their own childhoods and adolescence, may relate to their child in ways that oscillates between hostility and passivity, thus creating a difficult and confusing narrative in the child's head. These mothers are inadvertently creating an environment that is extremely invalidating for their children, thus allowing their children to model their parent's behavior and continue these parenting strategies. Children living with parents that have BPD are living in an environment where emotional dysregulation is a constant especially when faced with stressful situations.

Young children then begin to create their own open-ended narratives about why their parents are acting this way towards them. There have been findings that show that "poorer emotion regulation in the children's narratives is characterized by increased likelihood to talk about fantasies as well as material of a traumatic nature" (Stepp, et al.; 2011). The impact that parents have on children is immense, but when they are diagnosed with a mental illness, the child does not have the capacity to understand why their parents are acting in the way that they are. These children are growing up knowing traumatic events, and in the case of Borderline Personality Disorder, they are often growing up faster than they need to because of role reversal between the parent and child. These children are exhibiting greater fears of abandonment, more negative parent-child relationship expectations, and shameful self-representations. These fears and expectations that the children have from an early age, are more than likely present themselves in later relationships. It may be difficult for them to form and maintain stable and meaningful relationships, they may present disturbances in their own identity formations, and these children have shown large amounts of self-injurious behavior and dissociative symptoms.

Once children have reached adolescence, they are at a higher risk for internalizing and externalizing their problems. They are reporting morre cognitive and interpersonal vulnerability, such as dysfunctional attitudes, self-criticism, and even excessive reassurance seeking. There are more psychiatric diagnoses in children of this age with parents that have BPD and there are higher rates of BPD symptoms in these children. When the children reach adolescence, around ages 11-18, those whose mothers were diagnosed with BPD "exhibited more attention problems, delinquency, aggression...anxiety, depression, and low self-esteem" than children whose mothers had no psychiatric diagnosis or had a different psychiatric diagnosis (Stepp, et al.; 2011). There are more symptoms that these children face but they mainly fall under a range of emotional and behavioral problems stemming from the relationship between parent and child. When the parent is invalidating the emotions of their child, they may in turn lead to children who are denying or questioning their own emotions and emotional responses. Mothers with BPD are presented with challenges as a parent since they are not able to accurately perceive emotions and changes in their child, but because of these behaviors, the children are suffering at a great cost. Stepp (2011) outlines a few attachment-based interventions and psychoeducational interventions that are explored later which researchers believe may help the parent-child relationship. The behaviors presented in the research show that both child and mother are not suitable for what is to be considered normal daily life, however with the help of these interventions, the detrimental effects on both mother and child may be more minimal in the future.

Association between Parental Mental Health and Childhood Disorders

Mansoureh Karimzadeh, Mohammad Rostami, Rohab Teymouri, Zahra Moazzen, and Siyamak Tahmasebi researched *The Association between Parental Mental Health and*

Behavioral Disorders in Preschool Children in 2017. As soon before in many of the previous research done, the mental illness of either parent increases the likelihood of mental disorders in children. While many other pieces have focused on the mother's interactions with the child, this article focuses on both parents. Studies have shown that behavioral disorders in children are closely associated with the parents psychological problems. Therefore, the more "severe the parents' psychological problems, the earlier the children's behavioral disorders emerge" (Karimzadeh, Rostami, Teymouri, Moazzen, Tahmasebi; 2017). These behavioral disorders are often considered the child's reaction to familial problems and the rejection of the child at home. If the child is not getting enough affection from the parents, lack of care and love, and the insecure attachment, the child is picking up on the stress of the family and the negative interactions between parent and child. Not only can the parent's mental illness take a toll on the child, but the emotional and environmental stress factors can create psychological disorders and other complications for children. There have been numerous studies presented that show that the parent's attitude toward children and the parenting style has a negative impact, but what Karimzadeh proved in his study is that "low levels of education, parent's young age, economic problems, social problems, abuse from their own childhoods, and cultural beliefs play important roles in emergence of behavioral problems for children" (Karimzadeh, et al., 2017). Children are susceptible to everything around them, especially from their parents. Many of their behavioral patterns and characteristics are formed from their interactions with family. Therefore this increases the risk that parent's induce their problems and disorders to the child, by then acquiring pathological behavior patterns.

Child Development

Jenny Macfie researched and wrote the manuscript on the *Development in Children and Adolescents Whose Mothers Have Borderline Personality Disorder* in order to find out more information on the effect that it has on a child's development. She included interesting vignettes of conversations and memories between mothers with Borderline Personality Disorder and the children that are experiencing it. Macfie presents the overarching idea that "a mother's mental illness may have a profound effect on her child's development, including an increased risk of the child developing the same disorder" (Macfie, 2009) . While the conversation at hand is focused on Borderline Personality Disorder, Macfie (2009) opens it up to a broad scale for mental illness awareness that any and all mental illness may develop in the child. There is a significant hereditary component to mental illness, but especially to BPD. Psychiatrists believe that Borderline Personality Disorder is thought to develop from an emotionally vulnerable child paired with an emotionally unsupportive environment. Therefore, if a parent is diagnosed with BPD, their child is already at a disadvantage because of the parent not being able to provide an emotionally supportive environment for them. Macfie (2009) presents further research that would focus on the offspring of mothers with BPD coupled with a study of children of mothers who have a mental disorder. Being able to compare the two to one another would help researchers narrow down what effects on children are simply because of BPD. She also proposes to extend the research to not only infants, but children and adolescents as well, since that is an area of BPD that is not as thoroughly researched. This research and analysis of the research is presented later in the paper.

Maternal BPD

Lara Petfield, Helen Startup, Hannah Droscher and Sam Cartwright-Hatton discovered important information on *Parenting in mothers with borderline personality disorder and impact on child outcomes*. Parents that suffer from BPD often struggle with empathy, especially in handling their children, which then result in extreme difficulty in understanding their feelings as seen in previous articles. This study wanted to specifically focus on the effect that borderline personality disorder has on the children in the home and their development. Starting off as babies and young children, mothers showed "less positive affect in response to infant distress, and took longer to do so" (Petfield, Startup, Droscher, Cartwright-Hatton, 2015). As the child has more demands, the mother becomes increasingly insensitive to the child's demands and needs thus creating a disorganized attachment style in the children. This is important to note as we have before because it reiterates the fact that these mothers are reporting higher stress, lower competence, and lower satisfaction as a parent. When these children are growing older, the effects of a parent with borderline personality disorder are more detrimental. Petfield's (2015) research showed that with older children verbal abuse, physical abuse and witnessing violence were common among the children whose mothers were diagnosed with Borderline Personality Disorder. She stated that mothers with BPD were "less encouraging of independence and were more overprotective in comparison with healthy controls and depressive controls" (Petfield, et al.; 2015). These children reported that they were feeling constantly stressed out about their relationship and stress when they were around their mother. These results continue to back up the claim that parents with Borderline Personality Disorder are negatively affecting their child's social and environmental progress. Petfield came to the conclusion that was shown in the research that in older children they show more signs of emotional disturbance and suicidal

ideation than any other psychiatric diagnosis. They were also more prone to having poorer levels of family organization in later life. Petfield's (2015) research and analysis shows that the effects of BPD are long lasting and do not simply fade after infancy or early childhood. These families are in particular need of help and especially the children that are being negatively impacted.

Resilience

The most influential piece of research that supports my claim is the 2009 dissertation by Megahan Andrea Albrecht, *Resilient Traits of Children Raised by a Parent with Borderline Personality Disorder.* Albrecht (2009) dissects three memoirs written by daughters of mothers with Borderline Personality Disorder and the resilient traits that they formed throughout their lives. She offers an in-depth dissection of each memoir along with the dissection of the daughter and the mother from each memoir with subsequent details on the criteria that the mother met for BPD diagnosis. Albrecht defined resilience for her study as "ways in which the daughters adapted and did not develop BPD" (Albrecht, 2009). Every child that grows up with a parent suffering from BPD has a different experience, but all are subject to emotional dysregulation, insecure attachment, and a greater risk for developing Borderline Personality Disorder or other mental illnesses. Borderline Personality Disorder is not a genetic manifestation, "but more a child's reaction to the stress of living with a parent's inability to regulate emotions" which is why children that have parents diagnosed with BPD are at a greater risk of developing BPD (Albrecht, 2009). These children are growing up with susceptibility to cognitive vulnerability factors such as "low self-esteem, ruminative tendencies, high self criticism and pessimistic accrediting" along with interpersonal vulnerability factors like dependency, insecure attachment styles and reassurance seeking (Albrecht, 2009). By themselves these factors can negatively

impact a child's life and their life trajectory but when combined, especially in a household with a parent with Borderline Personality Disorder, the children have an increased risk to develop BPD and have an episode of depression.

However, despite all of these factors, there are children who have established a strong sense of self, thus creating their resilience to their environment. Albrecht (2009) notes that these children that showed resilience, were able to "fantasize, be self-aware, recognize that emotional needs were not going to be met by primary supports and therefore turn to other adults and peers." This trait was seen across all three of the memoirs that Albrecht read and dissected, showing that the children looked to other adults for guidance knowing that their own mother's would not be able to give them the guidance that was needed. She briefly touches on two other traits shared between the daughters, the desire to not be like her mother and self-understanding. The desire to not be like their mother is pivotal to self-understanding because they are able to recognize certain traits that they share with their mother and try to change them. Testing self-understanding in children was done through interviews in a study done by Beardslee and Podorefsky in 1988. Albrecht cites this study in order to illustrate the point that self understanding is understood through "awareness of the parent's of the parent's mental illness, awareness of the nuances of the diagnosis, and the capacity to observe and reflect on the experience of parental illness" (Albrecht, 2009). When the children were able to adjust to the spectrum of the mental illness and to have the knowledge that they were not responsible for their parent's mental illness, which they would not be able to cure. While the children were aware that they would not be able to cure their parent's illness, there may still be a shared sentiment that it was their responsibility to look after their parents because there was no one else that would or there was no other choice. The

issue with studying resilience, especially in studies dealing with mental illness, is that the researcher needs to define what their interpretation of resilience is and how to measure it. Since resilience is so fluid in definition, Albrecht takes the definition of resilience defined by Garmezy as "good outcomes in spite of serious threats to adaptation or development" and simplifies it to "the ways of adapting that prevents the child from developing Borderline Personality Disorder" (Albrecht, 2009). The other factors that help children become resilient to their environment include many individual abilities such as "cognitive abilities, self-perception of competence, temperament and personality, self regulation skills and positive outlook on life; relationships: parenting quality, relationships with competent adults and connections with prosocial peers; and community resources: good schools, connections to pro-social organizations, neighborhood quality and quality social service and health care" (Masten & Powell, 2003). Not all of these characteristics or factors have to be present in order for a child to be resilient. These are all factors that are found in children that are resilient and that fit into the definition of resilience.

In Albrecht's (2009) discovery, she noted that the three daughters' "resilience came in the form of standing outside the relationship and attempting to describe it". By the way of writing their feelings, emotions, and memories, they were able to see the unhealthy aspects of the relationship while seeing the overall linear storyline of their relationship with their mother. These daughters were able to identify and accept the similarities and then embrace the differences that they had with their mothers as they wrote their stories out. Albrecht (2009) notes that "by separating the mental illness from their mothers, the daughters could begin to protect themselves from their mothers' behavior and embrace an emotion that had not been allowed as of yet to be expressed: anger." When the daughters were able to acknowledge and embrace anger, they were

then able to protect themselves from being emotionally hurt and abused by their mothers. These women were beginning to take control over their lives, which is something that their mothers were not able to do as due to the BPD diagnosis, life was emotionally pulling them. The daughters were able to realize when people were not going to be able to provide them the emotional support necessary or the protection that would make them feel safe and comfortable and would move on to find those who did. Past research has shown that resilience in children with parents diagnosed with BPD was to negatively identify with their parent's behavior and the desire to not be like their parents. Albrecht (2009) found that while the daughters did not want to be like their parents, they did not necessarily negatively identify with their mother. They sometimes repeated the same behaviors as their mother, but would then come to the understanding that the behavior was troublesome and begin to change the behavior. Many found that the way to identify those behaviors was in the importance of other people who supported them and served as role models to them. Albrecht (2009) offers ideas on future studies that would not only help prove resilience by scientific means but also dedicate more research to understand the effect that parents with BPD have on siblings and how their stories may be similar or different. There is room for many social work interventions and psychiatric interventions that may help the relationships between parents and children and lessen the severity of factors that may contribute to the risk of developing BPD.

I chose to focus on Albrecht's dissertation of three memoirs because this is where I believe to be a gap in the literature. By understanding resilience, psychologists are able to create interventions that target cultivating these traits early in the child's life. There is a lack of information on what traits are considered resilient, if certain children or adolescents are in a

better position than others to develop these traits based on their environment, or if resilience can be taught in order to help alleviate stress from mental illness.

The purpose of the articles mentioned in the literature review are to offer a deeper understanding into what Borderline Personality Disorder is and how it affects the parents that are diagnosed with it and the children of the parents. All of the articles above used different methods of testing, but there are a few that offer interventions and further studies that benefit this population in the future. By analyzing six of the above methods of research that were able to achieve the most influential results, I have determined which methods are the best moving forward for further studies.

CHAPTER III

METHODS OF RESEARCH

I have chosen the studies described in the literary review based on the results of the respective studies. The studies help in telling the narrative of the parents diagnosed with BPD and the effects that the disorder has on their children. Out of the 12 articles that I have selected to review in my literary review, 6 studies focused on mother-infant interaction and the effect of maternal BPD on the mother, 4 focused on the effect that maternal BPD has on the child, 1 focused on parental personality disorders, and the final article, a dissertation on resilient traits of children. It is important to understand that these studies were chosen in order to depict the full effect that BPD has on the parent and the child during both of their lives. In this methods section, I examined 6 of the studies based on the following criteria: what was tested, the sample size, the limiting factors, and the impact that the results have on those tested. The studies that I have selected to examine are, *The Association between Parental Mental Health and Behavioral Disorders in Pre-School Children* by Mansoureh Karimzadeh, Mohammad Rostami, Rohab Teymouri, Zahra Moazzen, and Siyamak Tahmasebi; *Understanding the Experience of Parents with a Diagnosis of Borderline Personality Disorder* by Dianna R. Bartsch, Rachel M. Roberts, Matthew Davies, and Michael Proeve; *How do Mothers with Borderline Personality Disorder Mentalize when Interacting with their Infants?* By Andree-Anne Marcoux, Annie Bernier, Jean R. Seguin, Jennifer Boike Armerding, and Karlen Lyons-Ruth; *How Mothers with Borderline Personality Disorder Relate to their Year-Old Infants* by R. Peter Hobson, Matthew P. H.

Patrick, Jessica A. Hobson, Lisa Crandell, Elisa Bronfman and Karlen Lyons-Ruth; *A Qualitative Assessment of the Parenting Challenges and Treatment Needs of Mothers with Borderline Personality Disorder* by Maureen Zalewski, Stephanie D. Stepp, Diana J. Whalen and Lori N. Scott; and finally the *Parenting in Mothers with Borderline Personality Disorder and Impact on Child Outcomes* by Lara Petfield, Helen Startup, Hannah Droscher, and Sam Cartwright-Hatton.

Measures

Each research study had a different means of testing for their hypothesis, however many used questionnaires such as the General Health Questionnaire, the Preschool Behavior Questionnaire, the Strengths and Difficulties Questionnaire, two studies used the same Strange Situation tests to determine how mothers interact with their infants and one analyzed fourteen separate studies using the Strengthening the Reporting of Observational studies in Epidemiology checklist. Maureen Zalewski and her research team conducted a qualitative assessment of parenting challenges and the subsequent treatment needs of mothers diagnosed with Borderline Personality Disorder by examining the mother's experiences through the Consensus Qualitative Research methodology and identified treatment modifications to Dialectical Behavior Therapy. Through describing the aforementioned research methods, I have examined them and determined which methods would be best for moving forward with research regarding Borderline Personality Disorder.

These studies all offer valuable insight into Borderline Personality Disorder and how it affects both mother and child while presenting different research methods. In reading all of these studies, I grouped them together based on the kind of study and the method they used. I examine

them in the following order based on the research method: questionnaires, Strange Situation Simulations, and qualitative research.

Questionnaires

The questionnaires that were used are as follows: General Health Questionnaire, (GHQ), Preschool Behavior Questionnaire, (PBQ), Strengths and Difficulties Questionnaire, (SDQ), Strengthening the Reporting of Observational studies in Epidemiology checklist (STROBE) and the Mclean Screening Instrument for Borderline Personality Disorder. Through using convenience sampling among the participants in each individual study, the researchers were able to form a conclusion of each of their studies. In using the GHQ and PBQ in Iran, Karimzadeh hypothesized that there was a positive correlation between the mental health of parents and the behavioral disorders in their preschool children. Since the mother is primarily the parent that the child forms the most instant attachment with, Karimzadeh focused on the mother's mental health and her child. The mothers filled out both questionnaires for their children as the children were all aged 5-6 years old. The GHQ assessed the mental state of the participant over the past month and the questions were selected based on the four subscales: 1-Melancholy; 2-anxiety/insomnia; 3-social dysfunction; 4-depression. In this particular study, they used a 4-point Likert scale of 0-1-2-3 and if one scored lower than 21 the participant would be deemed healthy and if they scored a 22 or higher, they were considered to have a behavioral disorder. The PBQ that was administered was 28 questions with a 3 point scale of 0-1-2, correlating to “doesn’t apply”, “applies sometimes”, and “frequently applies”. Therefore, a higher score on the PBQ indicated higher levels of behavioral disorders in the child. Through the two questionnaires presented,

there were three dimensions of disorders for children that were found (aggression, ignorance and childish behavior, and withdrawal and anxiety) and four aspects of parental mental health (physical functioning, anxiety, social functioning, depression). The table below means for all the children and mothers tested by the two questionnaires and how they relate to the dimensions of the behavioral problems shown in the child.

Table 2. Mean and Standard Deviation of parenting dimensions

Variable	Dimensions	n	Mean (SD)
Behavioral problems of children	Aggression	80	0.348 (2.28)
	Ignorance and childish behavior	80	0.339 (2.43)
	Withdrawal and anxiety	80	0.324 (2.45)
General health of parents	Physical functioning	80	0.546 (3.25)
	Anxiety	80	0.583 (3.27)
	Social functioning	80	0.460 (2.60)
	Depression	80	0.697 (3.54)

When tested for the correlation between the parenting dimensions and the behavioral problems in the children, depression had the biggest effect on behavioral problems with a 0.517 correlation coefficient. Karimzadeh concluded that "parents' depression is the first and only predictor of behavioral disorders in children as 26.8% of their behavioral problems are so affected" (Karimzadeh, et al., 2017). The implications of this study are that there is a positive correlation between the mental health of the parent and how it affects the child and the relationship with the child. Behavioral patterns and characteristics of the child are mainly formed in the home and the interaction they have with their family. Children are easily susceptible to mental disorders and behavioral problems and it can be largely traced back to the home. As past research has shown, depression and anxiety are oftentimes genetic, but this study presented that

the inadequacy of parental care due to personal psychological problems cause harmful damage often leading to emotional trauma in children. Thus, children react and learn to negatively respond to life outcomes and situations based on their childhood interactions with their mentally ill parents.

While the GHQ and PBQ were tested in parents who suffered from mental illness only, Dianna R. Bartsch used the Strengths and Differences Questionnaire to understand the overall parenting experience for those diagnosed with Borderline Personality Disorder. Bartsch collected data from 12 parents who either currently or in the past 12 months fulfilled the diagnosis of Borderline Personality Disorder as stated by the McLean Screen Instrument for Borderline Personality Disorder. Of the 12 participants there were 28 children whose ages ranged from 2 months old to 34 years, giving the researchers a wide but valuable data set. They then had the parents of children who were aged between 4 to 17 complete the Strength and Difficulties Questionnaire for their child to understand the child's emotional functioning, behavioral problems, peer problems and prosocial behavior. In Table 3, it outlines the number of children that fell into the normal, borderline and abnormal ranges on the SDQ.

Table 3. Number of Children (n = 9) in the Normal, Borderline, and Abnormal Ranges on the Strengths and Difficulties Questionnaire

Subscale	Normal	Borderline	Abnormal
Emotional symptoms	5	0	4
Conduct problems	5	1	3
Hyperactivity	5	0	4
Peer problems	6	1	2
Prosocial behavior	8	0	1
Total scale score	5	0	4

The purpose of using the McLean Screening Instrument and the SDQ was to be able to give full descriptive information on the family for context and to find where the correlations would be between the parents and children. The McLean Screening Instrument is a tool that consists of 10 items to screen for the presence of Borderline Personality Disorder. If a participant scores above a 7, it identifies that the participant has positively been diagnosed with BPD. The SDQ is a screening tool for children and assesses 5 subscales: Emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior. These were all tested using a Likert Scale of 0-1-2 with 0 being “not at all” and 2 being “certainly true”. After participants completed both assessments, the researchers conducted an interview to enhance their data and provide insight into parenting experiences of the participants. The researchers also asked the participants what skills or resources they would like or would have liked to have to improve their parenting experience, which are helpful in creating interventions in the future. The data produced four major themes with 17 subsequent sub-themes that the participants highlighted. These included parenting challenges, parenting rewards, barriers to accessing support, and recommendations for improving parenting experience. Through this method of research, it gave helpful insight into the impact that BPD has on the parenting experience. This article was particularly helpful in highlighting the extreme disadvantage that parents with BPD face daily in dealing with their children and that many of them wanted help but ran into many different barriers to accessing those resources. The two questionnaires used in this study helped the researchers understand the correlation between the parents’ diagnosis and their children's behavioral problems that they were more susceptible to engage with.

The final questionnaire that was used in a study on mothers with BPD and the outcome on children was the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) checklist. This checklist is a known tool used to improve the quality of reporting items in an observational study. It lists 22 areas that are required for the highest quality in cross-sectional research. For Lara Petfield and her research team, they used a five point Likert Scale in which the scores were averaged to create a total score. They were scored using 0 as "bad" and 5 being "good". They examined a total of 17 papers that satisfied all of the criteria and held true to the quality appraisal. Table 4 includes the inclusion and exclusion criteria that they used for the study.

Table 4. Inclusion and exclusion criteria

Type	Inclusion criteria	Exclusion criteria
Sample	Mothers must have been diagnosed with BPD using standardised assessment procedures, such as the Structured Clinical Interview for DSM-IV (SCID-II; First *et al*[34]), the Revised Diagnostic Interview for Borderlines (DIB-R; Zanarini, *et al*[35]), the Structured Interview for DSM-IV Personality (SIDP-IV; Pfohl *et al*[36]) or the Borderline Evaluation of Severity over Time (BEST; Pfohl *et al*[37]). Older studies using diagnostic techniques based on earlier editions of the DSM also acceptable	Diagnosis by any non-standardised assessment procedures
	Mothers must be the primary caregiver to their child/children	Mothers not the primary caregiver to their children
	Mothers must be aged 18 or over	Mothers aged under 18
	Children must be aged 18 or under	Children aged over 18
Procedure	Studies must measure factors influencing the mother's parenting and/or her child's functioning	Study does not measure these factors
Style	Studies must be written in English	Studies written in any other language
	Studies must present outcome data	Study does not present unique outcome data (eg, reviews, commentaries, opinion pieces, books or chapters)
	Studies must be from peer-reviewed journals	Study is not peer-reviewed. Therefore, dissertations were excluded
	Studies must be quantitative in design	Case studies and qualitative papers were excluded

BPD, borderline personality disorder; DSM, Diagnostic and Statistical Manual of Mental Disorders.

Findings

What makes this study so different and so important compared to others that are more qualitative in nature is that Petfield takes the time to categorize each article and denote the specific effects for children in age group. She discusses how BPD in mothers affects babies and young children with the interaction style, emotion recognition, activity structuring and parenting stress/self-competence while when she described the effects on older children she focused on family environment, mind-mindedness, overprotection, and parenting stress/satisfaction. This is important to note because there is a change overtime in children and if a parent develops BPD at

a later age when the child is older, they react differently than infants. She created her own table outlining each of the 17 articles including the name of the study, the children's ages, number of mothers with BPD, healthy control, with other disorders; number of children of mothers with BPD, healthy controls, other disorders; how BPD in the mother was diagnosed; the measures; quality rating out of 5; and summary of findings. Using the scales and her chart, she was able to detect which studies were going to be of more use to her than others and how they would help her determine her conclusions and clinical implications. Compiling all of the information from various studies into one place for those interested in the effects of Borderline Personality Disorder is a phenomenal feat and extremely helpful to those studying the disorder.

Strange Situation Tests

Two of the studies used the Strange Situation test to test their hypotheses with how mothers who have been diagnosed with BPD interact and mentalize with their infants. In R. Peter Hobson's study on how the mothers with BPD relate to their infants, they decided to videotape the interactions of the mother and infant after reuniting them within the episodes of the Strange Situation test. Similarly, Andree-Anne Marcoux, used the Strange Situation test to index the mother's mentalizing ability through two minutes of mother-infant videotaped free play. While both of these studies used the strange situation, they were both testing the same theory through a different hypothesis. Hobson states that "environmental factors such as child sexual abuse and other family influences such as maternal overinvolvement and inconsistency may have a role in pathogenesis [of Borderline Personality Disorder]" (Hobson, et al., 2009). There have been other researchers that believe that BPD can be heritable and not through environmental factors. The strange situation test, puts that belief to the test through different simulations of a situation to

show that children of BPD parents are at a severe disadvantage and have a higher possibility of developing BPD. In clinical evaluations, those that suffer from this pattern of emotional and relationship difficulty, show more signs of disturbing ways of relating to other people in live moment-to-moment interactions. Hobson (2009) adds that "there is evidence that these attachment-related characteristics may influence mothers' relations with their infants...and predispose to the kinds of frightened/frightening behavior thought to increase the likelihood of disorganised infant attachment" (Hobson, et al; 2009). This can create unresolved trauma and especially with maternal BPD, creates relationships that are confusing, fearful, and overwhelming. This then negatively affects both the mother and the infant and predisposes the infant to insecure attachments, abusive relationships, and inner hostility.

All of the participants in Hobson et al, were screened for BPD using the Structured Clinical Interview for DSM-III-R Non-Patient Version. Those that then met the criteria for BPD only were invited to take part in the study. This resulted in having 10 mothers with BPD and a control group of 22 mothers with no clinical sign of BPD, or any other history of a psychiatric disorder. They also tested a second cohort of mothers, of which 16 had no psychiatric diagnosis, and 27 mothers met the criteria for depressive disorder with or without anxiety disorder. The idea behind testing two cohorts, one focused on BPD, and the other with depression in order to see if the interpersonal aspects of BPD stabilized over time and if they were more likely to show signs of BPD in early infancy. Hobson's (2009) research team used the Strange Situation to rate their interactions with their infants. They created two stages to the rating procedure which were "disrupted maternal affective communication when the mother and baby are together" and "the frequency and seriousness of the observed forms of disrupted communications" (Hobson, et al;

2009). They rated all participants on a Likert scale of 7 for overall level of disrupted effective communication. Those that were rated as a 5 or above on the scale were classified as disrupted in the parent to infant communication. The criteria for the scores is as follows: “persistent mixed affective signals, persistent errors in responding to infant needs, intrusive behavior, confusion, disorientation, lack of responsiveness, and/or role reversing behavior with the infant” (Hobson, et al; 2009). When a mother reaches the score of a 7, there is almost no positive behavior towards the infant. The coder of the videotapes made a count of instances the mother made effective communication errors, role confusion, disoriented behavior, negative-intrusive behavior, or withdrawing behavior. These videotapes were all rated by someone who was unaware of the participant's diagnosis in order to score them all objectively.

In Andree-Anne Marcoux, et al., (2016) they hypothesized that mothers with BPD could increase the risk for troubled relationships with their infants and create adverse consequences towards their child’s social and emotional development. They tested 38 mothers and their 12 month old infants, in regards to their mind-mindedness, which is the mother’s references to her infant’s mental states during their interaction. 10 of the mothers were diagnosed with BPD and the other 28 did not have any psychiatric diagnosis. They videotaped the mothers interacting with their infants for two minutes in a free play before introducing the Strange Situation. Any and all types of mind-related comments were expressed as total comments. The mind-related comments all fell into five categories: “desires and preferences; cognitions (knowledge, decisions, etc); emotions; epistemic states (playing games, joking); talking on the infant’s behalf” (Marcoux, et al, 2016). These comments were all recorded and some mothers could have a high proportion of comments but many of them could not be well attuned to their infant. All of

these interactions were coded by someone who was blind to the diagnostic status of the participants and who was trained to code for mind-mindedness. They were able to prove their hypothesis saying that mothers with BPD made more comments that were non-attuned to their infant. Therefore, mothers that suffer from Borderline Personality Disorder are more likely to interpret clues from their infant about their mental states incorrectly. However, there was no difference in the amount of comments made by mothers with or without BPD.

Qualitative Assessment

Finally in Maureen Zalewski, et al, they created a qualitative assessment of the various parenting challenges of mothers with Borderline Personality Disorder and the treatment needs as suggested by those mothers. They used the Consensus Qualitative Research in order to learn about the mother's experiences of parenting, and to identify treatment modifications to Dialectical Behavior Therapy. They put together a total of nine focus groups and were asked a series of questions about their experience and how they would like to modify treatment moving forward. By using the CQR method, they were able to code the categories discussed by the mothers and the areas where they would like to see improvements. It also was able to reveal various gaps in treatment and how to then integrate those modifications to help other mothers with BPD and to find other approaches for treating mothers with BPD. The study recruited 23 women from DBT-informed approaches such as different hospital programs and out-patient programs. The dialectical behavior therapy includes skills training, individual therapy, and weekly psychiatry appointments. The participants that were interested were asked to stay after their group therapy for an additional hour to two and half hours to discuss in focus groups with women that they already knew so they remained comfortable. The researchers made sure to

make time for each woman to answer the questions and give a full response. They completed three questionnaires and were audiotaped during the interview of the focus group. All of the participants were also paid for their time during this study. The answers were then transcribed making sure to omit the names of the participants to protect their anonymity. The sample was extremely varied with various ethnicities, various relationship status', employment levels, and number of children.

The participants answered eight questions all of which were asked in the separate focus groups. The questions focused on the mothers' experience as a mother with BPD and their treatment preferences. They also had the women complete the Personality Assessment Inventory-Borderline Features Scale to show the severity of their diagnosis and the Parenting Stress Scale to gauge how stressful being a parent is to each of the women. They then coded all of the responses from both of the questionnaires and the interview to then produce their results for the study. While analyzing all of the results, the researchers then cross analyzed between the focus groups to see where the participants were similar in their answers. The results then created multiple domains of the experiences shared by mothers with Borderline Personality Disorder. They found that the mothers wanted treatment that would help them target their relationship with their child. They believe that there is a treatment gap in the role of being the parent that is not explicitly addressed when treating women who have serious mental health issues. By integrating parenting help into current treatments, it would be able to mitigate an area of stress and parental burden that these mothers are feeling. They also believe that it could even reduce the likelihood that their offspring go on to develop any psychiatric symptoms themselves.

Results

The five studies aforementioned all used different techniques to reach their result and find out more of the effects on both the mother with BPD and the child that suffers from the effects. After analyzing the pieces for the methods of the research, the most beneficial I believe is the qualitative data and interview data. Questionnaires are able to put down the information qualitatively and show the correlations within their research. The questionnaires are able to shed light on future research and the effects of BPD on the children. However, Maureen Zalewski and her research team who interviewed mothers diagnosed with Borderline Personality Disorder in smaller focus groups, had a larger impact on future research and treatment options for mothers and children. Through analyzing the aforementioned studies and discussing their methods of research, I have analyzed the overall results of the research. This is beneficial in order to determine fully what is the best method of research when handling Borderline Personality Disorder.

CHAPTER IV

ANALYSIS OF RESEARCH

The purpose of my thesis on the effect of Parents with Borderline Personality Disorder on children was to understand how these children are at a strong disadvantage in multiple aspects of their life, specifically emotional, mental and intellectual development. This next chapter of my research discusses what I have found in reading the various studies and articles. I have analyzed the results of the research that has been presented and why these results matter in terms of the effect on the children. There were a select few articles that delved into the stress that the parents diagnosed with BPD feel and what future treatments would be beneficial.

Borderline Personality Disorder is not like general anxiety or depression in that it has grown to become normalized in today's society. While there has been great progress into normalizing mental illness and opening the conversations about various illnesses, there are several that still seem taboo to discuss. One of these is Borderline Personality Disorder, because people are not familiar with it. It is not a common diagnosis affecting around 5.9% of the United States population (NEA, 2020). When there is a diagnosis that people are not familiar with, it starts to create a terrible notion and people become afraid. However, while BPD is still a mental illness, many people that are diagnosed with BPD have come to cope with it and learn how to handle it. While adults and parents learn how to live their daily life with BPD and seek various forms of therapy, there's an area that has become overlooked. Maternal and paternal BPD have

serious implications on their children. These children are growing up with an insecure childhood attachment that affects many of their future relationships, constant fear of being abandoned by their parent, watching every move they make as to not induce the intense outbursts of anger from their parent, role reversal, and even handling their parent's suicidal ideations.

Children with parents that are diagnosed with Borderline Personality Disorder are at a high-risk for developing poor psychosocial outcomes as well as poor mental health and self-efficacy. Stephanie Stepp suggested that "given the high rate of family transmission with the disorder and associated features, offspring of parents with BPD may inherit genes predisposing them to a difficult temperament, emotional reactivity, and/or impulsivity" (Stepp, et al., 2012). There is evidence that suggests that BPD can be transmitted genetically through correlations in twin studies. In these studies, there is a higher heritability estimate for those children and that there may be more genetic influences for those that suffer from the more extreme side of the disorder. Therefore, there is a strong influence and correlation for the genetic and environmental aspect of BPD transmission. What is more important in determining how the parent with BPD affects the child is the individual's unique social environment. The social environment has essentially become the moderator for the effects on the development of psychopathology and other outcomes in the child.

Parents with Borderline Personality Disorder are already at a disadvantage when it comes to parenting as it has been discussed earlier. They face heightened challenges that other parents do not face during parenthood. Since these parents are unable to interpret clues from their children starting from infancy, the relationship between the two is strained. The mothers are exposing their children to troubled relationships thus creating adverse consequences for the

child's social and mental development. While some Borderline Personality Disorder mothers are able to pick up on the clues from their child, they could still expose their child to various other issues stemming from their diagnosis.

Since BPD has nine qualifications as stated by the DSM-V, all of these characteristics play a role in harming the child's development. This exposure to these risk factors in their parents creates a child who is more inclined to fail at developing positive attachments, self-development and self-regulation. Children learn to mimic the behaviors of a parent and parents with the diagnosis of BPD exposes the child to a higher chance of developing the disorder as well. The children that are growing up in a household where BPD is present in one of the parents are shown to have more changes in their school and even more non-maternal care than children without BPD in the home (Petfield, et al., 2015). Commonly, the mother has been diagnosed with BPD and they are more likely to be parenting without the support of a partner or they are part of a household that is constantly changing in its composition of who is around. This constant open door of partners or single-parenting makes it harder for both the parent diagnosed with BPD but the child as well. Perhaps one of the most dangerous effects of having a parent with BPD is the constant fear of abandonment. Creating this fear of abandonment in children at a young age is dangerous as it predisposes them to go to extremes to keep people around them. This has the potential to open them up to various abusive relationships and to change themselves in order to keep a partner happy. In Albrecht's dissertation, she writes "they became best friends with their mothers, which created an emotional intensity that kept them protected from ever being separated...the goal for each of the daughters appeared to be to find similarities between herself and her mother in order to not be abandoned by her mother" (Albrecht, 2009, p.38).

At first glance, there seems to not be much wrong with that statement. However, breaking down the motivation for the daughters is where the red flags are shown. They were trying to create similarities between themselves and their mothers so that the mothers would not leave them alone or with other family members. They wanted to keep their mothers interested in them enough to stop them from leaving. People have found numerous ways to achieve this including engaging in the same lifestyles, whether it be extremely impulsive, or feigning an interest in their hobbies, or even getting a job in the same field to not only help with income but to engage in conversations with other people. However, what happens when the child begins to become their own person and grow? The parent suffering from BPD could react in a variety of ways, but most commonly through intense outbursts of anger and regressing into role reversal as well, therefore not allowing their child to grow and learn. Those diagnosed with BPD are not as comfortable when their lives begin to change and thus they are constantly worried about being abandoned.

The importance of noticing these patterns is to show that the mother and child become codependent up to a certain point. Children long for their parent's attention and the parent, while not being able to understand all of the subliminal messages from their child, relish in the idea that this child never leaves them. However, when the child begins to realize the wrongdoings of their parent, or begins to make friends from outside activities, the BPD parent is sent into a downward spiral thinking that they are being abandoned. This change in the parent-child relationship seen in parents with BPD may occur around adolescence because of the natural separations. Parents without BPD go through the same separations, but do not feel as personally attacked as parents with BPD may feel. In Albrecht's (2009) dissertation, she states that during the adolescence period "it was these separations that provoked the beginnings of physical and

verbal abuse directed at the daughters, as the daughters' independence stirred up fears of abandonment in the mothers". There are many obstructions that could create these separations such as extracurricular activities, friendships, boyfriends, careers, and even becoming aware of the parents' mental illnesses. When children begin these separations, especially the awareness of their parent's mental illness, they are able to understand more of their parent's actions, their childhood, and that they can get their needs met through positive relationships with others rather than a strained or negative relationship with their parent. These relationships with the parent diagnosed with BPD create an insecure attachment in their child.

Within this attachment, the child is constantly shrouded by fear. Children that grow up with an insecure attachment become dependent upon another person and oftentimes find themselves being the subject of rejection again and again. Finally in Albrecht's dissertation she writes that "the daughters were on a constant search to find people who would make them feel safe. Should these outside people fail to do that, the daughters would move on to find others who could provide this" (Albrect, 2009, 42). The importance of other people in any relationship with someone diagnosed with BPD is quite pivotal. The other relationships begin to allow the children to heal from their parents, and learn to overcome the setbacks that the parent introduced to them. However, when the child becomes too dependent on others, they are setting themselves up to engage in abusive relationships in hopes that someone stays. This creates a very dangerous cycle that can truly only be stopped through resilience to their environment as a child, cognitive therapy, and introspection. Ultimately, these children are craving protection, a feeling that they might not have felt growing up in their home. Mentors, friends, other family members can become these relationships that protect and help open up various worlds to these children.

Children who grow up with a parent diagnosed with BPD need people that help them enhance their own self-esteem, show them positivity and love, and positive ways to be in the world without repeating the parenting styles of their parents with BPD.

Perhaps one of the most important aspects to look at when discussing the effect of Borderline Personality Disorder on children is how it affects them developmentally in regards to school, socially and emotionally. There are many outcomes for children that are school-age and at the adolescent stage. Some may show more identity disturbances throughout adolescence, some may indulge in self-injurious behavior and even dissociative symptoms as well as displaying early deficits in emotion regulation. In a study cited by Stepp, she notes that the "children that had a maternal history of BPD had more BPD symptoms during childhood, attention deficit hyperactivity disorder, and other disruptive behaviour disorders compared to children of control mothers." (Stepp, et al., 2012) These children are at a severe disadvantage when learning because of the disorder and how it affects them. While ADHD can be reasonably resolved with medicine, any symptoms of BPD in the child at a young age would be difficult to maintain and keep under slight control in the classroom. These children are prone to more cognitive vulnerability and interpersonal vulnerability when it comes to interacting with peers. In particular this means that they could develop a negative attributional style, dysfunctional attitudes, self-criticism, insecure attachment style, and excessive reassurance seeking. Results from multiple studies have shown that these traits are concurrent with a mother with BPD. I believe that these children have also become more prone to developing more psychiatric diagnoses than children whose parents do not suffer from BPD but a different mental illness.

While all children could develop various mental illnesses, those with a parent, specifically a mother with BPD, have poor outcomes during their adolescence.

Adolescents aged 11-18 years old who have a mother with BPD, have exhibited more attention problems during classes, delinquency, and more aggression. The aggression can be linked back to their mothers who may exhibit random intense outbursts of anger onto the children, who in turn could be then demonstrating that anger elsewhere. According to Stepp's 2012 research, they may also report "more anxiety, depression, and low self-esteem". These are all common results of parents with BPD but it is important to see it in the research in order to find interventions to help the children. Maternal BPD has the ability to place children at risk from many problems, but specifically in the range of emotional and behavioral problems. However, once in adolescence, other influences such as peers, teachers, and even social media exerts different effects on the child thus opening up their mind to other ways of living. With proper parenting techniques, the child would develop healthy socialization skills through appropriate monitoring and supervision from the parent. For the children that have a parent with BPD, they do not receive the same appropriate monitoring and are often subject to hostility and devaluing exchanges with their parents. This would substantially impact the child's social-emotional development and could stunt their relationships with peers. Once again, this is similar to the idea that parents with BPD negatively impact the child's future relationships often leaving them seeking partners that mimicked their parents behavior.

Lousie K. Newman, Caroline S. Stevenson, Lindy R. Bergman, and Philip Boyce (2007) conducted a study on preliminary findings between maternal BPD and the mother-infant interactions. In their study, they concluded that the high levels of parenting stress that mothers

with BPD incur creates a negative authoritarian parenting style. This parenting style is characterized by parents that have high expectations of their children, but do not respond with feedback or any sense of nurture towards the child. They also tend to punish their children severely, which can be tied back to BPD in parents. This parenting style, especially on mothers with BPD, "is likely to have an adverse outcome on child development and behavioral regulation" (Newman, et al., 2007). These parents are feeling more stress than parents without BPD and since they may not have the capacity to handle the stress, it becomes easier to ignore and not respond to their child's needs. These mothers reported low self-efficacy which creates a feeling of burden on them when it comes to parenting. Newman stated that as a result of these feelings of low self-efficacy, they "frequently become immobilized by the emotional and physical tasks involved" (Newman, et al., 2007) . Unfortunately, these feelings come at the cost of their children who are then likely to be socially and emotionally developmentally disadvantaged. From infancy, these children are lacking the emotional responsivity that they need to survive and develop positively.

The relationships between the parents and children are strained from a young age, but the child continues to make efforts in order to feel that that parent truly loves and appreciates them. Children do this in a variety of ways, but as Francesco Dentale, et al, concluded, they "tend to please them, defer their point of view, and would be often depressed or anxious as they may be easily considered selfish if they act assertively" (Dentale, et al., 2015). The children do anything possible in order to feel wanted by their parents, even to their own detriment. They want to be able to please their parents without having any more relational conflicts than they may already have and try to preserve whatever little bit of a relationship that they have. By having your child

try to preserve the relationship reverses the actual roles of the parent and child. The child should not have to be the one consistently caring for the parent who may be acting like the child, but rather the parent should be putting their child before their needs. However, with BPD, many of the parents diagnosed suffer from role reversal as well as affectionless control, which is characterized by excessive control and lack of empathy.

The parents are supposed to create a basis for the child's relationships. Since those diagnosed with BPD create a framework that is not secure for the child, the child becomes more prone to psychopathology. Therefore, the child may not be diagnosed with Borderline Personality Disorder in the future, but they have a greater disposition to BPD as well as depression and anxiety. This sense of the framework provided by the parents is the affectionless control aspect of parenting. These parents show very low care for their children, often seen through the mother-infant relationship and the ability to pick up on the signals that the child was displaying. The sense of the overprotectiveness from the parent relates back to the fear of abandonment. With more control over the child, the less of a chance they have to ever leave the parent or make decisions that would endanger the fragile relationship they may have. Affectionless control and the authoritarian parenting style of the children is "related to children's depression and anxiety, and that these relations are mediated by the rearing style retrospectively reported by the offspring" (Dentale, et al., 2015). These correlations between rearing style and the child's disposition to psychopathology do not differ greatly between mother and father. There are however more studies that handle the relationship between maternal BPD and the child, but paternal BPD should not be excluded from analyzing the results of the studies.

Mansoureh Karimzadeh and his team researched the association between parental mental health and the behavioral disorders found in their pre-school children. While their research was not heavily focused on Borderline Personality Disorder, there are conclusions that can be taken from the research in order to support the idea as anxiety and depression are common in those diagnosed with BPD. Their research concluded that "parent's depression had the highest correlation with behavioral disorders in children...while social functioning had the lowest correlation" (Karimzadeh, et al., 2017). This is important because there is a direct correlation between mental illnesses in parents and the behavior of their children. They also found that other studies have shown that there is a high correlation between not only the parent's mental disorders but also parenting stress, poor mental health, irrational beliefs, poor child-parent interactions and parenting styles. We see that parents suffering from BPD exhibit many of these when dealing with their children and navigating parenting. They also found that behavioral problems in children can be a reaction against their family problems at home such as "rejecting the child, inadequate parents' affection and support, lack of maternal love and care, insecure childhood attachment and parents' stress" (Karimzadeh, et al., 2017). These again are all common signs of a parent with Borderline Personality Disorder and the various ways that it affects the child. These children are learning more about behavior from their homes than they are at their pre-schools because when they are at such a young age, children are far more susceptible to behavioral problems than when they grow older.

What children learn at a young age from their parents has a long-term impact on them that is not easily reversed, especially when it comes from negative parenting styles that create negative behavior, expectations, and the child's characteristics in the future. The parent that is

suffering from BPD, while not being aware, is exposing the child to emotional deficiencies and many psychological and behavioral problems in the future. This may even be creating emotional trauma in the child, which could go unresolved for many years. Lara Petfield, Helen Startup, Hannah Droscher and Sam Cartwright-Hatton (2015) furthered the research into the impact that mothers with Borderline Personality Disorder has on the child. The greatest attention in the studies presented has been the relationship between mother and infant, perhaps because this is when the attachment styles are at the utmost importance to their development. Their interaction style is extremely strained and the mothers with BPD smile less, touch their infant less, and even played fewer games with their infant than the other mothers (Petfield, et al., 2015). This can be attributed to the lack of sensitivity that they may feel towards their child, which is common in mothers with BPD. This has been documented in the studies that used the Strange Situation to test their hypothesis. These mothers are less sensitive and far more intrusive in their play with their child. Researchers have found that "mothers with BPD showed less positive affect in response to infant distress, and took longer to do so" (Petfield, et al., 2015). The child then becomes increasingly distant to their mother and has a disrupted sense of communication with the mother creating fear and feelings of abandonment in both the mother and child. Mothers with BPD are less attuned to creating structured child activities and less accurate at recognizing their child's emotions.

When the child becomes older, the relationship between mother and child is slightly different and focused on a variety of other factors. Typically, the mother's have been shown to report higher parenting stress, lower competence in regards to their child, and lower satisfaction in being a parent. They have also rated their family lower in cohesion and organization, and

higher on conflict (Petfield, et al., 2015). At age 11, the child may report low cohesion and expressiveness as well compared to other 11-year old's whose parents have been diagnosed with a different mental illness. By age 15, the children were reporting verbal abuse, physical abuse, and witnessing of violence in their home (Petfield, et al., 2015). This shows that the disadvantages do not stop at a certain age, but rather they become more dangerous to the child and their life outcome. Mothers with BPD not only are scoring higher on overprotection of their children than other control groups, but they are less encouraging of independence. However, since some mothers with BPD are in risky living situations, it could also be seen as protecting their child from poor risky behavior and thus be advantageous to the child. This has created a large amount of stress in the relationship between parent and child and extremely low satisfaction with their family by the time the child is around 15 years old.

These children are at a large risk for cognitive and behavioral issues as well as poor mental health, strained parent-child relationships and the possibility to develop BPD or another mental illness. During infancy and childhood the children of mothers with BPD were shown to "smile less, vocalise less, avert their gaze more, appear more fearful and be less soothable, be less responsive to mothers bids for interaction, and show less optimally involving behaviors towards their mothers" (Petfield, et al., 2015). These are just a few of the effects that maternal BPD has on a child at a young age. These are creating insecure and disorganized attachment styles in the child that continues in any relationship they have in the future. They are fearful of any interaction with their mother or even anyone that reminds them of their mother. They also found that older children showed a large range of cognitive and behavioral risk factors compared to other children. They had lower social acceptance scores, were not able to make close friends,

were shown to be poorer at labelling emotions correctly and identifying causes for the emotions. By age 15 they were displaying "more negative self-representations, more fantasy proneness, and fantasy-reality confusion, lower narrative coherence, and more intrusion or traumatic material when participating in a series of role-play scenarios" (Petfield, et al., 2015). These children are teaching themselves to not live in the current moment and are trying to escape their own reality through fantasy. Through this fantasy play, however, their own trauma is showing through in role-play scenarios and could be creating rifts between them and friends thus causing them to not have as many close friends or even to be able to form those relationships. Some children from the age of 6-14 had a more negative attributional style, more dysfunctional attitudes, they were engaging in more reassurance seeking from others, and had higher levels of self-criticism than other children. All of these children from adolescence to early adulthood were showing self-harm, and a high risk for depression and anxiety. While these are just a few of the possible outcomes of children with a parent diagnosed with BPD, there are still many outcomes that have not been researched and documented. Borderline Personality Disorder not only affects those diagnosed with it, but those around them, especially in the parent-child relationship. This relationship becomes extremely fragile and since there is an elevated risk for cognitive and behavioral disadvantages, there is then a higher risk of a problematic relationship with their parent.

The fear of abandonment that is felt on either side of the parent-child relationship is extremely detrimental towards the expectations of one another. The children are growing up with negative attachment styles such as insecure and disorganized attachment which affects their attitudes towards relationships in the future. Children often fared far worse than children who

had parents with other personality disorders. Petfield states that "children of mothers with BPD had lower Child Global Assessment Schedule scores...and that the mean of these scores was in the 'non-functional' range" (Petfield, et al., 2015). This is important because these children are suffering and there are not enough public interventions that are known to be able to help these children in this relationship. They could become prone to higher levels of emotional disorder and even suicidal ideations as they may feel that the way that their parents treat them is a direct correlation of their own actions. Since mothers with BPD find it difficult to correctly identify their child's emotions and needs, it creates a disconnect in the family organization and relationships between the parent and child. These children are growing up in homes where they are constantly worried about their parents suffering from BPD, they are experiencing high levels of hostility in the home, high levels of depression and anxiety, low self-esteem, and negative attachment styles.

Through analysis of the various research, there are many negative outcomes that the child of a parent diagnosed with BPD may encounter. However, there are instances where the child becomes resilient towards the outcomes which they could create into a positive outcome for their life. These children have then established a secure sense of self in spite of their interpersonal struggle of living with a parent with BPD. What was found in the research by Albrecht in her dissertation, was that the children wanted to regulate themselves because of the immense desire to not be like their parent diagnosed with BPD. In terms of Borderline Personality Disorder and resilience, resilience can be defined in many ways specifically by the researcher. However, the definitions that make the most sense when discussing resilience in terms of BPD is the way of "adapting that prevents the child from developing Borderline Personality Disorder" (Albrecht,

2009). This gives them a sense of self that helps them become independent from the emotional turmoil of their parents. She identified that resilient traits could include "ability to fantasize, be self-aware, recognize that emotional needs were not going to be met by primary supports and therefore turn to other adults and peers" (Albrecht, 2009). By identifying the needs that are not going to be met by the parent with BPD, the child is then able to find outside sources that fulfills their needs. Children need outlets for their emotions, and that can be through sports, music, writing, art, but anything that allows them to release all the emotions and feelings they may have towards their parents. This allows them to begin to come to terms with their parent's diagnosis and how it has then affected their relationships and life prior to their resilience. Resilience however, is not a trait that is easily learned, but comes from the competence of the child and the desire to change their lifestyle track from the possible outcomes of living with BPD. Resilience is difficult to research and to simulate, and there has not been enough research on mental illness resilience.

While analyzing the various forms of data that has been presented, there are various limitations that should be explored. Most of the studies that I analyzed used questionnaires in order to achieve their results. There were a select few that used the Strange Situation test in order to document exactly how the mother with BPD interacted with her infant. Some decided to use a longitudinal study in order to document the changes overtime in children with parents diagnosed with Borderline Personality Disorder. There is no wrong way to research BPD and the effects that it has on the children. However, there were certain limitations that the articles presented such as, the articles focused on maternal BPD rather than paternal BPD. In the next chapter, I discuss the limitations of the studies and further research that would be beneficial to the field.

CHAPTER V

FURTHERING THE RESEARCH

There is a large amount of research on mental illnesses and the effects that it has on those that are diagnosed with a specific illness. However, when cultivating the research for the effect that mental illnesses have on the children of those diagnosed, the research diminishes quickly. Personality Disorders affect a very small percentage of the population but they still affect those diagnosed as well as those around them. Borderline Personality Disorder is no different, it has a strong effect on those diagnosed with BPD, but also their children and families. In the research that I have presented, they have shown that there are serious negative effects that BPD has on a child's emotional, mental, and intellectual development. However, there are many limitations that the selected research came across and certain areas that do need to be researched further.

Many of the studies decided to focus on the mother-infant interaction and the mother's mentalization. The importance of studying the interaction during infancy is to understand the true basis of the relationship between the two. The attachment styles are solidified in infancy and early childhood, thus the interaction and relationship is of the utmost importance at this stage. Without the secure attachment, the child becomes fearful of rejection and solely depends on the mother or other peers. The child's world is then contaminated with fear and the constant thought of abandonment, which is coincidentally a large fear and part of BPD. This creates a codependency between the mother and child which becomes inevitably broken when the child grows into adolescence. Mothers with BPD continually showed that there is a reduced sensitivity towards their child resulting in increased intrusivity towards their child. Many of the studies concluded that mothers with BPD have trouble with recognizing and understanding their child's

emotions and needs and having a lower level of family organization. The overwhelming conclusion was that mothers with BPD feel less competent and satisfied in their role which adds to the stress of the parenting that they feel.

However, the studies focused mainly on the mother and the effect that the stress of parenting has on the mother instead of what effect this has on the child. The child is suffering from connecting emotionally to their mother and their needs are not being met. The mother is not able to correctly identify the emotions and needs of the child which can create detrimental effects on the child. These effects are what predisposes the child to developing BPD or other mental illnesses. The effect that parenting stress has on the mother is important to study because the mother's health is just as important as the child's. Borderline Personality Disorder is a serious disorder that should not be taken lightly and these studies did a fantastic job of highlighting the negative effects that it can have. While some of the studies aimed to understand the pressures of parenting for mothers with Borderline Personality Disorder, others were able to achieve measurements of the effects that it has on the child.

A limitation that I noticed in many of the studies was the small sample size. Since BPD does not affect a large percent of the population, it is more difficult to find parents diagnosed with BPD. However, most of the sample sizes were around 20 people, which are still able to produce a significant result, but are not able to represent a large amount of the BPD population. The smaller sample sizes create a more intimate setting for the participants in which they may feel more inclined to be honest with the researchers. There are benefits to having a smaller sample size, however in order to produce results that could largely benefit the BPD community, researchers would need to expand their population size. One step in helping this would be to

research the effects that parents in general with Borderline Personality Disorder have on their children instead of focusing on mothers. This would be a fantastic study since there are fathers with BPD that could produce different results than those of the mothers. The father still has a significant impact on the child's development and in the case of many parents with BPD, they could be a single parent that was then excluded from the sample.

Another limitation that I believe affected the studies was the amount of surveys used. Surveys are fantastic tools to use in research, however, they are open to the interpretation of those taking the survey. The survey can be manipulated to reflect what the participant wants the researchers to know, thus skewing the results. The studies that had the participants use the survey to achieve a baseline and then use observation to help produce the results. A limitation that was presented by Dentale, et al. regarding surveys and interviews where parental behavior is tested was that "the low reliability and validity of autobiographical memories, the presence of memory impairment associated with psychopathology, and the presence of specific mood-congruent memory biases" (Dentale, et al., 2015). This is an issue wherever retrospective measures are present. Since there is no way of fact-checking past behavior, researchers have to believe what the participants say are true and helpful. The parents are often the ones who report on the child's outcomes which has introduced a bias into the research. Studies may also employ the clinical participants of BPD which would reflect the extreme side of BPD and may not represent the average parent with BPD.

Furthermore, the studies focused on mothers diagnosed with Borderline Personality Disorder only and not any mothers that had comorbidities. This means that the groups were not as representative of the broader range of individuals with BPD. However, this did allow the

researchers to find the parenting characteristics associated with BPD only. Maureen Zalewski's study did not conduct a clinical diagnostic assessment to verify that the women met the criteria for Borderline Personality Disorder. It is extremely important to make sure that in future studies all of the participants meet the criteria for the diagnosis that is being tested. Other studies did not have a comparison or control group of either non-disordered mothers or mothers with a different diagnosis. This could create results that are skewed and not representative of the population they are testing for.

Many of the studies used cross-sectional studies in their measures. Cross-sectional studies are where the researchers are observing the participants and their data at a specific point in time. For instance in the studies presented, the researchers focused on the interaction between mother and child during infancy. This was able to give the researchers results on the effects that this interaction has on the child's development at a young age and the mother's ability for mentalization. The studies also emphasized that a limitation was the short amount of time that they observed each interaction between mother and child. The results may have been different if the interactions were 20 minutes instead of the short 5 or 10 minutes that they used in the Strange Situation studies.

Finally, the biggest limitation towards any research on Borderline Personality Disorder is the lack of information on the topic. There is not enough information on accurate estimates of the prevalence of BPD in parents and the breakdown of mothers versus fathers with BPD. These parents are facing serious challenges to their parenting success and there is not enough information or interventions for these parents. There could be some parents diagnosed with BPD that are exceptional parents and have positive effects on the child's outcomes. However, with the

lack of information and research on the topic, there is plenty of room for future research and intervention ideas to help parents diagnosed with BPD.

Future research in this area will be extremely beneficial to the Borderline Personality Disorder community and their families. This disorder often means the participants can be hard to work with due to their emotional dysregulation, outbursts of anger and the stress that they feel towards parenting. It is important that in any future research, the researchers do not bash the parents for any parenting techniques. The researchers need to approach this disorder and future research based on the effects of BPD, the effects it has on the child, and the parent's struggle with their symptoms. Future research that I would like to see would be to focus on the development of the children throughout their life in a longitudinal study, what effect parental BPD has on siblings, how paternal BPD affects children differently and how to increase mentalization and resilience in the children of parents diagnosed with Borderline Personality Disorder.

In a longitudinal study, the researchers would be able to use the parent with BPD's answers for the child in the beginning, but as the child grows, the researchers would be able to eliminate parental bias from the trial. It would be beneficial to understand if the effects that happen in infancy and early childhood either become more prevalent as they grow older or if different effects take hold. This would also be helpful to see any patterns of resilience in children. For example, if resiliency can be taught by a certain age such as through the introduction of adolescent peers or if resiliency is an introspective trait that the child develops overtime. There are obvious limitations to a longitudinal study, but to understand the overall developmental effects of parents with Borderline Personality Disorder, a longitudinal study

would garner the greatest results. One way to achieve the best results for studies regarding mental health and Borderline Personality Disorder would be to supplement a cross-sectional study with a longitudinal study in order to follow the parents and the children from infancy to toddlerhood to early childhood up to adolescence in order to find potential developmental deviations that are associated with the information that was presented from maternal effects on their infants.

There are also families where the parent is diagnosed with BPD that have two or more children. How are these siblings experiencing the parent's BPD? Are there similar effects or does one child receive more of the negative effects than the other sibling(s)? This could be done in either a cross-sectional or longitudinal study but would be extremely interesting and valuable to the information known about BPD. If the older sibling is showing more resilience traits than the other sibling, it would be interesting to see if the responsibility for their sibling helped them in finding their resilience. I think that there is plenty of research that can be done with siblings and parents with BPD that would be able to help many parents and those suffering from BPD.

I had an increasingly difficult time finding research on paternal BPD and the effect on children. The mothers had far more research because they are often the ones who spend the most time with the child and have the biggest impact on the child during their formative years. However, fathers still impact a child's developmental growth so it would be necessary to understand the differences and similarities between maternal and paternal BPD. Dentale's (2015) research did touch on paternal narcissism, which could have some similar effects on a child, but since it was not focused on Borderline Personality Disorder, it was not a main focus in my analysis. Finally, there is a need for more research on how resilience traits develop in children, if

there are interventions that can help children develop these traits and how resilience helps the children in not developing the same disorder or other mental illnesses.

I noticed that throughout the studies, many discussed that there needs to be greater access to dialectical behavior therapy, mental health education, and interventions focused on the family dynamic in order to navigate the parent's diagnosis. Successful interventions for Borderline Personality Disorder would need to focus on the ability of that individual to understand their behavior and then other's behaviors in terms of thoughts, beliefs, and feelings. Improving the mentalization of the parent with BPD may not only help the parent with BPD but also the relationship between parent and child. Mentalization based therapy would help improve their mentalization by focusing on the relationship between the individual with BPD and the therapist which would then possibly lead to a reduction in their symptoms and their distress.

Another successful intervention could be achieved through joint psychotherapy where the parent and child meet with a therapist. The parent would be able to feel understood and would be able to learn more about their child's feelings, beliefs, needs and emotions than before. This would then create a more secure relationship between the two and could cause a decrease in negative representations in the child's fantasy stories. Treatments such as DBT and therapy are often seen as a luxury that many can not afford, so there would need to be a change in access to mental health treatments so that everyone can get the help that they may need.

A common trend that I noticed in the research was that the mothers wanted help and did not want to negatively affect their child, but did not understand how to regulate their disorder. The women wanted to target their relationship with their child and improve it in their current psychiatric treatment, if applicable. Mental health professionals should listen to their clients and

understand that they do want to be better parents and to hopefully begin to incorporate treatments in order to help alleviate parenting stress. The current treatments available are components that build on "a mother's ability to make appropriate and positive mind-minded comments, while also helping her to understand better what precipitates misattuned comments and to refashion those comments" (Marcoux, et al., 2016).

There is a treatment gap in the current treatments for BPD regarding the role of parenting. Since BPD is a serious and pervasive disorder, there are some common mechanisms that have helped in the past, but nothing that has been explicit in addressing the issues of parents with BPD. In handling BPD, mental health professionals are unfortunately reactive and cannot undo any previous developmental damage done to the child, whereas if researchers and professionals can begin to try to develop new programs, it can become a proactive treatment. There may not be a need to completely redo the system or treatments but instead to incorporate current treatments that may be able to mitigate areas of stress and burdens for expecting parents that are diagnosed with BPD. Hopefully, this would be able to reduce the likelihood of the child developing a psychiatric disorder.

CHAPTER VI

CONCLUSION

Overall, Borderline Personality Disorder is not something that the general public should be scared about. According to the National Education Alliance for Borderline Personality Disorder, BPD is now affecting 5.9% of Americans. It is affecting 50% more people than Alzeheimers, yet when mentioned it carries a negative stigma. However, BPD can be treated through behavioral therapy. The research presented focused on mothers, not only because the mother could have a far more significant impact on the child during infancy than the father, but it is a common misconception that BPD is more common in women. While the cases of BPD reported represent more women, there is still a stigma around mental health that could possibly stop men from seeking professional help and receiving a diagnosis of BPD. The research for BPD is falling behind in research compared to other personality disorders and is quite dramatically behind in research compared to depression and anxiety. While the research into the causes of BPD is still developing, researchers have determined that it is a combination of environmental factors and genetics. BPD is thought to develop in children that are emotionally vulnerable and that have an emotionally unsupportive environment. These environments can include "childhood maltreatment and separation from or loss of a parent...childhood sexual abuse, physical abuse, and neglect" (Macfie, 2009). Without the proper treatment and various interventions, parents diagnosed with BPD have a greater risk at transmitting the same environmental factors as before.

There are various gaps in the literature, however I would like future research to focus on the effects that paternal BPD has on children, how parental BPD affects siblings, and further the

research on resilience as this is a viable option for treatments and interventions. The treatments and interventions that the studies proposed and discussed were various forms of psychotherapy such as: attachment-based therapy, dialectical behavior therapy, mentalization-based therapy, and group therapy. However, there is no known intervention that is designed specifically for mothers or parents with BPD and their children. This oversight could be creating a transgenerational transmission of BPD. There were recommendations for improving the parenting experience for those diagnosed with BPD which would then help slow and possibly even stop the transgenerational transmission of BPD. The research showed that the mothers were not attuned to their child's emotions and needs. By learning interpersonal effectiveness, it would help the communication between parent and child which would then be able to lessen the stress that the parent feels when handling their child. In Bartsch et al., one mother commented on the importance of balancing validation and problem solving by saying that as parents it is important to realize "that you are just a human with feelings...and that you can still try to learn new ways" (Bartsch, et al., 2016). The child's life and development is important, but the parents are just as important. As researchers, there should not be any bashing of the parents especially those with mental illness as many can not afford the treatment that they may need. There should be improved access to agencies that can help those receive the assistance that the parents diagnosed need. Parenting is hard enough as it is, it is even harder when the parent is battling their own mental illness.

Many of the studies focused on the interaction between the mother and child as this is important in securing the attachment style of the child. However, in mothers with BPD, the children develop an insecure attachment style because of the mother's disorder. Within this

attachment style, the child becomes increasingly fearful, afraid of abandonment, and begins to become codependent on the mother. While this soothes the mother's fears of rejection and abandonment, once the child begins to age, the codependency begins to fade away as they become dependent on mentors, peers, or other significant relationships. The attachment styles are direct causations of the rearing style of the parent. Borderline Personality Disorder creates an interesting rearing style as some begin to display role reversal and refuse to take care of the child.

Overall, the effect that parental, specifically maternal, BPD has on children is negative. The children show signs of behavioral disorders, suicidal ideations, emotional disturbances, insecure attachment styles, increased risk for depression, anxiety, and other psychotic diagnoses, fear of abandonment, low self-esteem, and a higher risk for developing BPD. While there are still many other effects that parental BPD has on children, not all children have these effects or develop BPD. They are at a greater risk and experience a much different childhood than most children. While there is future research that needs to be done and interventions that need to be tested, what is most important is that researchers and psychiatrists understand what the children and parents with BPD need. Since the women tested in the research wanted to help their child and not affect them negatively, they told researchers that they wanted to target their relationship and learn how to identify their child's needs and emotions. The mothers are not trying to negatively affect their child, they are not able to understand their child and their needs because of their diagnosis. Since there are currently no interventions that are designated for children of parents with BPD and how to overcome the effects that it has on them during childhood, there is plenty more research to be done.

In conclusion, Borderline Personality Disorder is not something that the general population should be afraid of or shy away from understanding. BPD not only affects those diagnosed, but has serious implications on their children especially developmentally, emotionally, and mentally. This disorder has treatments and interventions that work. There are people who live with this disorder everyday that are high-functioning yet are still affecting those around them negatively. While many of the studies presented used surveys and cross-sectional studies, there are various future research ideas that would involve more observational work and longitudinal studies. This would then be able to propel the BPD research along in order to further understand the disorder and its effects. With more understanding of the disorder comes more acceptance of Borderline Personality Disorder and the ability to decrease the overall stigma around mental illness.

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